

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2009 JUL 20 AM 10:28

140

COMMITTEE NAME (Must be same as on Statement of Organization)

Fund for Iowa's Future

IMPORTANT: Indicate by # type of committee you are reporting for: 2

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only <u>9755</u>	
Comm. #	
Logged In	
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Shirley Matthews
SIGNATURE OF PERSON FILING REPORT

289-0319
TELEPHONE

July 19, 2009
DATE SIGNED

I AM FILING A July 19, 2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 15,851.82

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,309.79

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 17,161.61

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

4,435.36

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 12,726.25

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Fund for Iowa's Future

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/7/2009	ID# 1400 CK# 116	Upmeyer for House 2175 Pine Avenue Garner, IA 50438	Political Contribution	\$ 100.00
1/7/2009	ID# 1318 CK# 117	Paulsen for State House Committee PO Box 250 Hiawatha, IA 52233	Political Contribution	500.00
1/7/2009	ID# 1269 CK# 118	McKinley for State Senate 21884 483rd Lane Chariton, IA 50049	Political Contribution	250.00
1/21/2009	ID# CK# 119	Matt Strawn 702 SW Coventry Circle Ankeny, IA 50023	Reimbursement for volunteer food and mileage	885.94
2/18/2009	ID# CK# 120	Matt Strawn 702 SW Coventry Circle Ankeny, IA 50023	Reimbursement for volunteer food and reimbursement for reception food	699.42
2/18/2009	ID# CK# 122	Iowa Christian Alliance 939 Office Park Road - Suite 115 West Des Moines, IA 50265	Charitable Contribution	500.00
6/20/2009	ID# 13493 CK# 123	Waukee for McGee 760 SE Willowbrook Drive Waukee, IA 50263	Political Contribution	500.00
6/20/2009	ID# CK# 124	Iowa Christian Alliance 939 Office Park Road - Suite 115 West Des Moines, IA 50265	Charitable Contribution	500.00
SUB-TOTAL				\$ 3935.36
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Fund for Iowa's Future

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/20/2009	ID# CK# 125	Iowa Right to Life 1500 Illinois Street Des Moines, IA 50314	Charitable Contribution	\$ 500.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 500.00
TOTAL (if last page of this schedule)				\$ 4435.36

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Fund for Iowa's Future

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1/8/2009	ID# CK# 442	Hugh Ferry 722 North Tyson Avenue Glenside, PA 19038		\$75.00	<input checked="" type="checkbox"/>
1/8/2009	ID# CK# 815	Kimberly Nunez 6306 Indian Run Parkway Alexandria, VA 22312		100.00	<input checked="" type="checkbox"/>
1/22/2009	ID# CK# 1010	Richard B. Goddard 2014 Scroggins Road Alexandria, VA 22302		100.00	<input checked="" type="checkbox"/>
1/22/2009	ID# CK# 687	Kenneth Wingert 409 6th Street NE Washington, DC 20002		50.00	<input checked="" type="checkbox"/>
1/22/2009	ID# CK# 4037	Christopher C. Cox 2205 Windsor Road Alexandria, VA 22307		500.00	<input checked="" type="checkbox"/>
1/22/2009	ID# CK# 1666	Brett S. Loper 3309 23rd Street N Arlington, VA 22201		100.00	<input checked="" type="checkbox"/>
1/22/2009	ID# CK# 125	Joseph Murray 1024 North Pelham Street Alexandria, VA 22304		50.00	<input checked="" type="checkbox"/>
1/22/2009	ID# CK# 2862	Jeff J. Burton 3413 Burgundy Road Alexandria, VA 22303		100.00	<input checked="" type="checkbox"/>
1/22/2009	ID# CK# 1083	Jason B. Van Pelt 6218 Split Creek Lane Alexandria, VA 22312		100.00	<input checked="" type="checkbox"/>
1/30/2009	ID# CK# Bank Interest	Valley Bank PO Box 405 Eldridge, IA 52748		6.18	<input type="checkbox"/>

SUB-TOTAL

\$ 1181.18

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Fund for Iowa's Future

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2/27/2009	ID# CK#	Valley Bank PO Box 405 Eldridge, IA 52748		\$5.55	<input type="checkbox"/>
3/24/2009	ID# CK# 163	Juan Carlos Scott 3118 Military Road Arlington, VA 22207		100.00	<input checked="" type="checkbox"/>
3/31/2009	ID# CK#	Valley Bank PO Box 405 Eldridge, IA 52748		6.05	<input type="checkbox"/>
4/30/2009	ID# CK#	Valley Bank PO Box 405 Eldridge, IA 52748		5.61	<input type="checkbox"/>
5/29/2009	ID# CK#	Valley Bank PO Box 405 Eldridge, IA 52748		5.42	<input type="checkbox"/>
6/30/2009	ID# CK#	Valley Bank PO Box 405 Eldridge, IA 52748		5.98	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 128.61

TOTAL (if last page of this schedule)

\$ 1309.79

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(for Schedule A)